

Alabama Medicaid Agency

Alabama Coordinated Health Network (ACHN)

Delivering Healthcare Professionals
(DHCP)



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Disclaimer

**All content subject
to CMS approval**

ACHN...a new direction

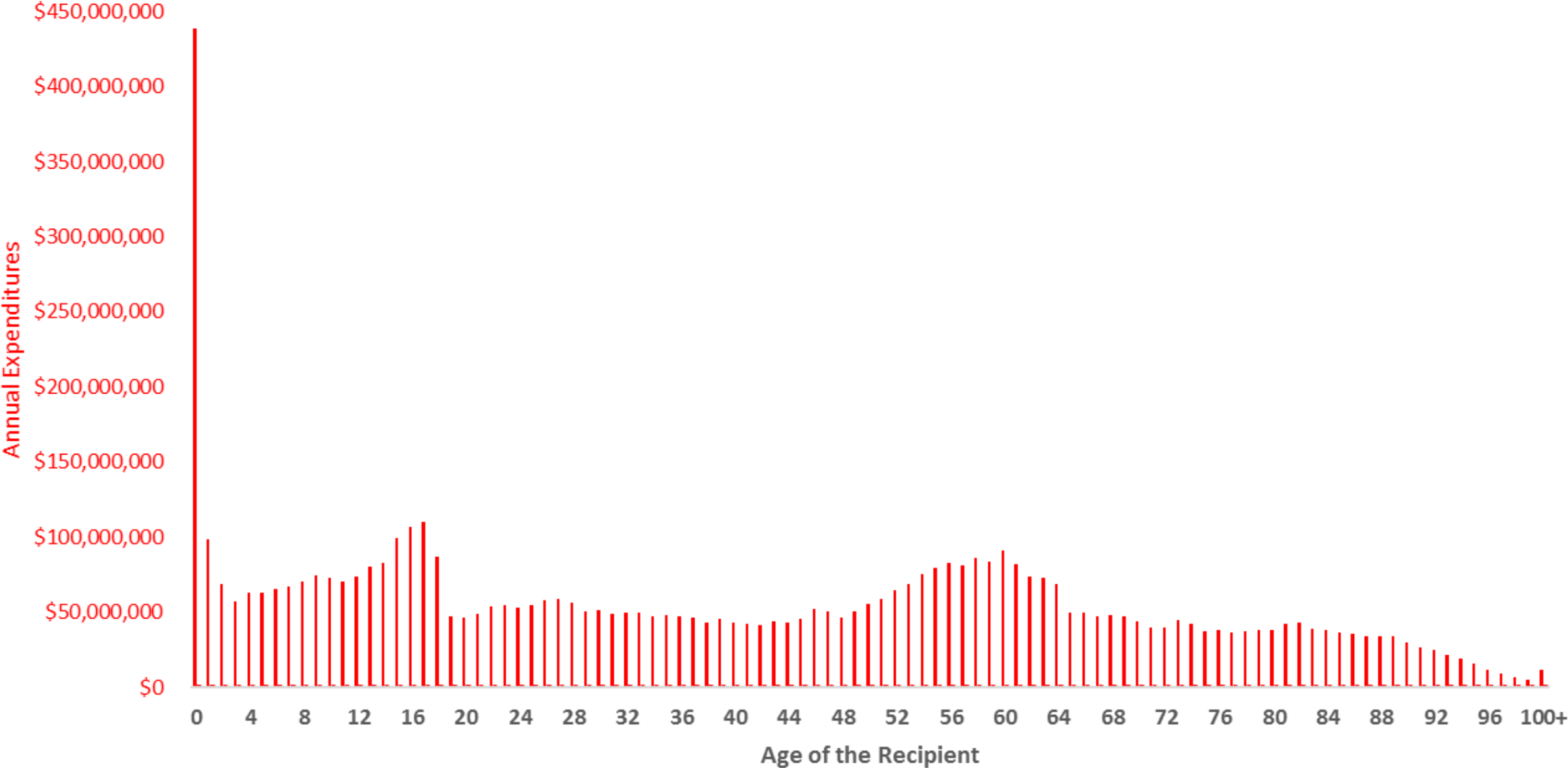


- Single care coordination delivery system combining Health Homes Program, Maternity Program and Plan First Program
- Replaces silos in current care coordination efforts
- Development of a quality program to address infant mortality, substance use disorder and childhood obesity
- Seven newly-defined regions; each with a board
- Primary care physicians practicing in the region make up at least 50% of board (one must be an OB/GYN)

Why this Approach?



Alabama Medicaid Agency
Expenditures for Medical and Support Services
Fiscal Year 2017
By Age at the Date of Service

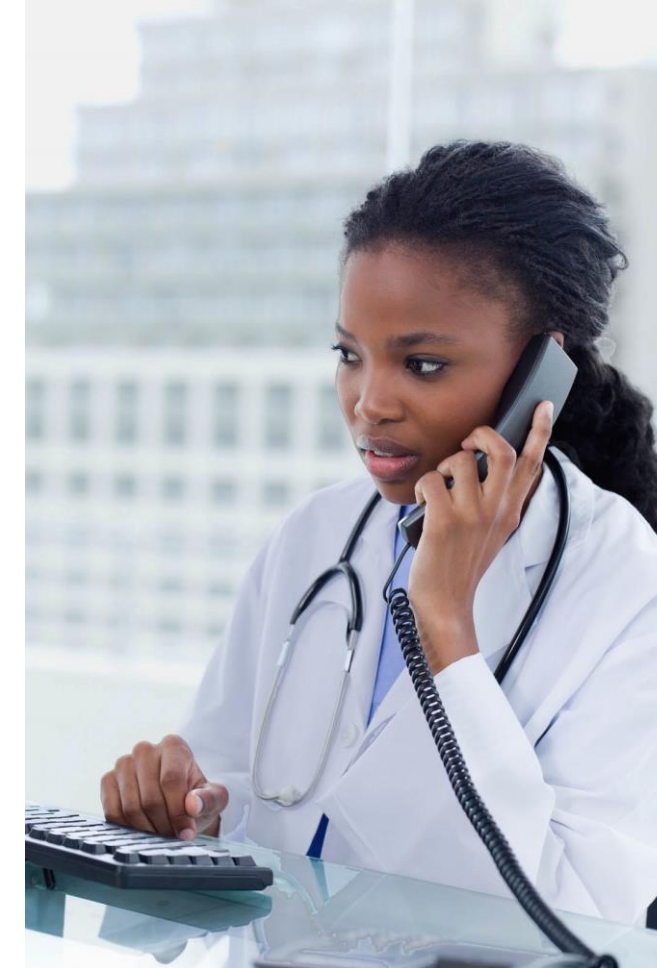


Why this Approach?



- Past care coordination efforts in the areas of family planning, maternity care and primary care have not been in synch
- Works holistically with a Medicaid recipient to address issues impacting health which may improve maternal and birth outcomes

ACHN Operation



ACHN Operation



- Each network will be responsible for:
 - Providing care coordination based on recipient's county of residence
 - Creating a care coordination delivery system within the region
 - Notifying recipients that they are **required** to participate in ACHN care
 - Coordination for Medicaid to pay for their pregnancy and delivery services (same function as performed by Maternity Contractors today)
 - Creating a network of DHCPs

ACHN Operation



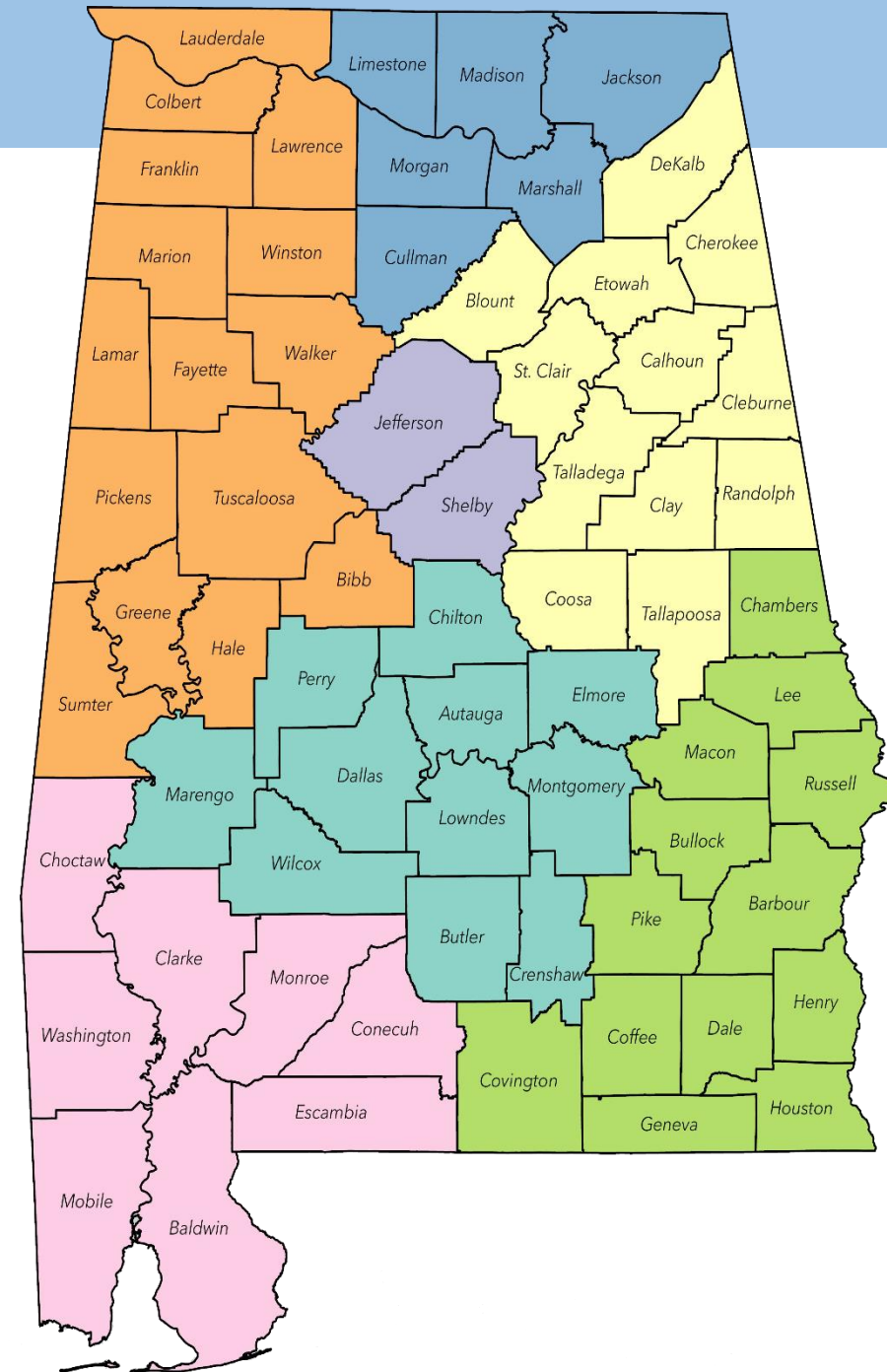
- Statewide system will manage care coordination services now provided by 12 maternity programs, six health home programs and ADPH staff in 67 counties
- Regional entities will be incentivized, along with providers, to achieve better health outcomes and to provide a higher volume of care coordination services

ACHN Regions



Based on:

- Existing patterns of care
- Access to care
- Ability to ensure financial viability of regional ACHN entities



ACHN Participants



- Medicaid-Eligible maternity care recipients
- Plan First – Women ages 19-55 and men age 21 and over
- General Population – Current Patient 1st recipients, plus current/former foster children

Care Coordination Program





Program Requirements - Maternity Population

- Implement a program to integrate and manage all maternal health care coordination, including family planning, interconception care, prenatal care and postnatal care
- Develop processes to:
 - Engage all pregnant recipients in the Care Coordination Program
 - Assist in selection of a Delivering Healthcare Professional (DHCP)
 - Screen and assess recipients



Program Requirements - Maternity Population

Develop processes to:

- Assist in establishing Medicaid eligibility
- Assist recipients with appointments and reminders
- Coordinate and make appropriate referrals
- Track recipients throughout pregnancy and postpartum period
- Transition recipients to non-maternal care coordination after postpartum period
- Provide care coordination in setting of recipient's choice



Care Coordination Program - Maternity Population

Six care coordination services provided by the ACHN for the maternity population:

- One-time transfer payment
- Face-to-Face eligibility assistance
- First Face-to-Face encounter
- Face-to-Face follow-up encounter
- Inpatient Face-to-Face delivery encounter
- In Home Face-to-Face postpartum encounter

DHCP Referral Process



Referral Process



- All maternity claims will require a DHCP selection referral number from the ACHN to receive payment
- A DHCP selection referral number is the referring ACHN's NPI number
- The ACHN will send a list of participating physicians monthly to DXC (Medicaid's Fiscal Agent)

DHCP Referral Form Example



Alabama Coordinated Health Network

Delivering Healthcare Professional Selection Referral Form

PCCM-E's Name: _____ PCCM-E's NPI Number: _____

Date: _____

Type of Referral: ☐ Initial ☐ Change of DHCP ☐ High-Risk/Specialty ☐ Other _____

Medicaid Eligible Individual (EI) Information

Name:

Last _____ First _____ MI. _____

Medicaid Number: _____ DOB: _____

Address: _____

Telephone Number (with area code): _____

Quality Improvement



Quality Improvement



The areas of focus for the Quality Improvement Program are:

- Reduction of Infant Mortality
- Substance Use Disorders
- Prevention of Childhood Obesity

Quality Improvement



DHCPs can positively impact quality by

- Performing a prenatal visit in the first trimester
- Performing a postpartum visit (21-56 days)
- Participating in quality improvement projects with the ACHN

**What does this mean
for DHCPs?**



If you are a DHCP...



- Claims for maternity services will be reimbursed FFS directly by Medicaid
- You will have the opportunity to receive the following bonus payments in addition to your FFS payment:
 - An initial prenatal visit made in the first trimester
 - A postpartum visit (if provided 21-56 days postpartum)

If you are a DHCP...



- To bill Medicaid for maternity services, you must participate in the ACHN program
- Only one agreement needs to be signed for participation in all ACHNs
- You will be able to collaborate with a care coordinator to ensure early access into care

Participation Requirements for DHCPs



- To receive payment for services, DHCP groups must actively participate with the ACHN
- Active participation is defined as:
 - Signing a participation agreements with the ACHN
 - Participating in the development of the care plan with the ACHN
 - Participating in the DHCP selection and referral process
 - Providing data to the ACHN (same data as provided today)

If you are a DHCP...



- Currently, DHCPs either bill Medicaid directly for services or bill the Primary Contractor for services
- Current Medicaid global rates are between \$950 - \$1,300 for urban and between \$1,250 - \$1,700 for rural
- Primary Contractors pay physicians in different ways: Some include ultrasounds in a global rate, some do not include ultrasounds in the global rate
- The average global payment made by a Primary Contractor is between \$1,300 - \$2,273. Some Primary Contractors pay a different rate for urban and rural

Proc Code	Description	Current Rural	ACHN Rural	Current Urban	ACHN Urban
59400	Global Vaginal	\$1,700	\$1,790	\$1,300	\$1,390
59510	Global Cesarean	\$1,700	\$1,790	\$1,300	\$1,390
59409	Vaginal Delivery-Only	\$1,250	\$1,340	\$950	\$1,040
59514	Cesarean Delivery-Only	\$1,250	\$1,340	\$950	\$1,040
59410	Vaginal Delivery; including Post-Partum Care	\$1,300	\$1,390	\$1,000	\$1,090
59515	Cesarean Delivery: including Post-Partum Care	\$1,300	\$1,390	\$1,000	\$1,090
59610	Global Vaginal; after previous Cesarean Delivery	\$1,700	\$1,790	\$1,300	\$1,390

CPT	Description	Rates
59320	Cerclage of cervix, during pregnancy	132.00
59325	Cerclage of cervix, during pregnancy; abdominal	166.00
59871	Removal of cerclage suture under anesthesia	101.45
76818	Fetal biophysical profile	66.00
76819	Fetal biophysical profile; without non-stress testing	62.00
76820	Doppler velcocimetry, fetal, umbilical artery	57.23
76821	Doppler velocimetry, fetal, middle cerebral artery	64.35
76825	Echocardiography, fetal	101.00
76826	Echocardiography, fetal, follow-up or repeat study	50.00
76827	Doppler echocardiography, fetal	67.00
76828	Doppler echocardiography, fetal, follow-up or repeat study	47.00

CPT	Description	Rates
76801	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation	59.21
76802	Ultrasound, pregnant uterus, real time image documentation, with fetal and maternal evaluation	46.44
76805	Ultrasound, pregnant uterus, B-scan and/or real time with image documentation; complete	85.00
76810	Ultrasound, complete, multiple gestation, after the first trimester	168.00
76811	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation	152.31
76812	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation	92.25
76813	Ultrasound pregnant uterus, real time with image documentation, 1st trimester	78.00
76814	Ultrasound for each additional gestation use in conjunction with 76813	52.00
76815	Ultrasound, limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)	57.00
76816	Ultrasound, follow-up or repeat	47.00
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	60.45

- Ultrasound rates are global rates that include the professional and technical

Ultrasounds



- DHCPs may bill Medicaid a limit of two (2) ultrasounds **without** requiring a prior authorization
- Additional ultrasounds may be approved through:
 - The submission of a prior authorization request to DXC by following the current prior authorization process as outlined in the Provider Manual (Prior Authorizations, Chapter 4). Any specific medical support documentation can also be found using this chapter.

Laboratory Services



- A hematocrit and urinalysis is included in the global delivery code fee as part of antepartal care and may not be billed separately to Medicaid
- All other laboratory services can be billed separately from the global as current policy allows



If you are a DHCP...

- Medicaid will pay \$100.00 for each bonus payment and the following procedure codes must be submitted on a separate claim:
 - **Initial Prenatal Visit** – H1000 (made during the first trimester)
 - **Postpartum visit** – G9357 (between 21 and 56 days of delivery)

If you are a DHCP...



- When all of these OB services are added together to include the following:
 - Global code: \$1,390 for urban, or \$1,790 for rural
 - Two ultrasounds (based on Procedure Code 76805) - \$85 each
 - One initial prenatal visit at \$100
 - One post partum visit at \$100
- The approximate total reimbursement (urban) would be: **\$1,760.00**
- The approximate total reimbursement (rural) would be: **\$2,160.00**
- Remember - Procedures that can be billed fee-for-service:
 - Cerclage
 - Ultrasounds (beyond two)
 - Biophysical profiles, etc.
 - Labs

Reminder of Participation Requirements



To receive payment for services, DHCP groups must actively participate with the ACHN. Active participation is defined as:

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Training & Technical Assistance



Training and Technical Assistance for DHCPs



- DXC will provide billing assistance and training to DHCPs (onsite, group presentations, etc.)

- Link to DXC's provider representatives:

[http://www.medicaid.alabama.gov/content/10.0 Contact/10.3
Provider Contacts/10.3.5 Provider Reps.aspx](http://www.medicaid.alabama.gov/content/10.0%20Contact/10.3%20Provider%20Contacts/10.3.5%20Provider%20Reps.aspx)

Summary



- Maternity Contractors will no longer contract with DHCPs
- Claims for maternity services will be reimbursed FFS from Medicaid directly
- You will have the opportunity to receive two quality bonus payments in addition to your FFS payment
- DXC is available to work with your office staff and provide billing assistance

Questions



- **Website:** www.Medicaid.alabama.gov
Newsroom> Quality Innovation and Technology Initiatives> ACHN
- [Direct Link to Frequently Asked Questions](#)
- **Submit questions for official response to:**
ACHN@medicaid.alabama.gov